Student Information Form 2019-2020

General Information

Name (First, Middle, and last) _____ DOB_____

Grade enrolling for: ◯ K ◯ 1 ◯ 2 ◯ 3 ◯ 4   Gender: ◯ Female ◯ Male

Student's Address/Residence _____

State: _____ City/Town: _____ Zip Code: _____

Student's Current School Information:

Current School Name: _____

Do you give Windham Academy Public Charter School permission to contact this school, if needed? ◯ Yes ◯ No

School Mailing Address _____

School Phone Number _____ Guidance/ Contact Name: _____

Contact Information

Who should be the parent/guardian **primary** contact during school hours?

(First/Last Name) _____ Relationship to Student _____

Contact Address _____

Employer: _____ Occupation: _____

Home Phone: _____ Cell: _____

Personal Email: _____ Work phone: _____

Who should be the parent/guardian **secondary** contact during school hours?

(First/Last Name) _____ Relationship to Student _____

Contact Address _____

Employer: _____ Occupation: _____

Home Phone: _____ Cell: _____

Personal Email: _____ Work phone: _____

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Are there any legal/custody arrangements in place that affect communication?

◯ Yes   ◯ No   ◯ (Not applicable)

If yes:

      (a) provide any relevant legal documents
      (b) indicate with whom the applicant resides
      (c) with whom we should communicate and how, and
      (d) any other details that we should be aware of

> Please use this space if you have additional parent/guardian information that you want included in the applicant's file (provide attachments if necessary)

Does this student have a household member who is active in the military at this time? ____Yes

Does this student have a family member who was medically discharged or retired from the military for one year? _____Yes _____ No

Is the student considered any of the following? Please select all that apply: ____ Migrant ____ Refugee   __ Immigrant ____ Foster Child _____ Ward of the State ____ Homeless Child

Emergency Contacts *(3 required/other than primary/secondary contacts)*

Name #1: _____

Relationship to Student _____ Best Contact #: _____

Contact Address _____ City/Town _____

Home Phone #_____ Cell # _____

Name #2: _____

Relationship to Student _____ Best Contact #: _____

Contact Address _____ City/Town _____

Home Phone #_____ Cell # _____

Name #3: _____

Relationship to Student _____ Best Contact #: _____

Contact Address _____ City/Town _____

Home Phone #_____ Cell # _____